

# WASTE MATERIAL PROFILE SHEET

Profile No. \_\_\_\_\_

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## GENERAL INFORMATION

GENERATOR EPA ID #/REGISTRATION # \_\_\_\_\_

GENERATOR CODE (Assigned by State) \_\_\_\_\_

CUSTOMER CODE (Assigned by Clean Harbors) \_\_\_\_\_

GENERATOR NAME: \_\_\_\_\_

CITY \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_

CA

ZIP/POSTAL CODE \_\_\_\_\_

PHONE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

CITY \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_

CA

ZIP/POSTAL CODE \_\_\_\_\_

## WASTE DESCRIPTION

WASTE DESCRIPTION: \_\_\_\_\_

PROCESS GENERATING WASTE: \_\_\_\_\_

THIS WASTE CONTAINED IN SMALL PACKAGING CONTAINED WITHIN A LARGER SHIPPING CONTAINER ? \_\_\_\_\_

## PHYSICAL PROPERTIES (at 25C or 77F)

<b>YSICAL STATE</b> SOLID WITHOUT FREE LIQUID POWDER MONOLITHIC SOLID LIQUID WITH NO SOLIDS LIQUID/SOLID MIXTURE % FREE LIQUID % SETTLED SOLID % TOTAL SUSPENDED SOLID SLUDGE GAS/AEROSOL		<b>NUMBER OF PHASES/LAYERS</b>				<b>VISCOSITY (If liquid present)</b>		<b>COLOR</b>		
		1	2	3	TOP	0.00		1 - 100 (e.g. Water)		
		% BY VOLUME (Approx.)			MIDDLE	0.00		101 - 500 (e.g. Motor Oil)		
					BOTTOM	0.00		501 - 10,000 (e.g. Molasses)		
								> 10,000		
		<b>ODOR</b>			<b>BOILING POINT °F (°C)</b>		<b>MELTING POINT °F (°C)</b>		<b>TOTAL ORGANIC CARBON</b>	
		NONE			<= 95 (<=35)		< 140 (<60)		<= 1%	
		MILD			95 - 100 (35-38)		140-200 (60-93)		1-9%	
		STRONG			101 - 129 (38-54)		> 200 (>93)		>= 10%	
		Describe:			>= 130 (>54)					
<b>ASH POINT °F (°C)</b>		<b>pH</b>		<b>SPECIFIC GRAVITY</b>		<b>ASH</b>		<b>BTU/LB (MJ/kg)</b>		
< 73 (<23)		<= 2		< 0.8 (e.g. Gasoline)		< 0.1		< 2,000 (<4.6)		
73 - 100 (23-38)		2.1 - 6.9		0.8-1.0 (e.g. Ethanol)		0.1 - 1.0		2,000-5,000 (4.6-11.6)		
101 -140 (38-60)		7 (Neutral)		1.0 (e.g. Water)		1.1 - 5.0		5,000-10,000 (11.6-23.2)		
141 -200 (60-93)		7.1 - 12.4		1.0-1.2 (e.g. Antifreeze)		5.1 - 20.0		> 10,000 (>23.2)		
> 200 (>93)		>= 12.5		> 1.2 (e.g. Methylene Chloride)				Actual:		

**COMPOSITION** (List the complete composition of the waste, include any inert components and/or debris. Ranges for individual components are acceptable. If a trade name is used, please supply an MSDS. Please do not use abbreviations.)

**CHEMICAL** MIN -- MAX UOM

DOS THIS WASTE CONTAIN ANY HEAVY GAUGE METAL DEBRIS OR OTHER LARGE OBJECTS (EX., METAL PLATE OR PIPING >1/4" THICK OR >12" LONG, METAL REINFORCED HOSE >12" LONG, METAL WIRE >12" LONG, METAL VALVES, PIPE FITTINGS, CONCRETE REINFORCING BAR OR PECS OF CONCRETE >3")? YES NO

If yes, describe, including dimensions:

DOS THIS WASTE CONTAIN ANY METALS IN POWDERED OR OTHER FINELY DIVIDED FORM? YES NO

DOS THIS WASTE CONTAIN OR HAS IT CONTACTED ANY OF THE FOLLOWING; ANIMAL WASTES, HUMAN BLOOD, BLOOD PRODUCTS, BODY FLUIDS, MICROBIOLOGICAL WASTE, PATHOLOGICAL WASTE, HUMAN OR ANIMAL DERIVED SERUMS OR PROTEINS OR ANY OTHER POTENTIALLY INFECTIOUS MATERIAL? YES NO

I acknowledge that this waste material is neither infectious nor does it contain any organism known to be a threat to human health. This certification is based on my knowledge of the material. Select the answer below that applies:

The waste was never exposed to potentially infectious material. YES NO

Chemical disinfection or some other form of sterilization has been applied to the waste. YES NO

ACKNOWLEDGE THAT THIS PROFILE MEETS THE BATTERY PACKAGING REQUIREMENTS. YES NO

ACKNOWLEDGE THAT MY FRIABLE ASBESTOS WASTE IS DOUBLE BAGGED AND WETTED. YES NO

SPECIFY THE SOURCE CODE ASSOCIATED WITH THE WASTE.

SPECIFY THE FORM CODE ASSOCIATED WITH THE WASTE.

## CONSTITUENTS

e these values based on testing or knowledge?

Knowledge

Testing

f constituent concentrations are based on analytical testing, analysis must be provided. Please attach document(s) using the link on the Submit tab.

Please indicate which constituents below apply. Concentrations must be entered when applicable to assist in accurate review and expedited approval of your waste profile. Please note that the total regulated metals and other constituents sections require answers.

RCRA	REGULATED METALS	REGULATORY LEVEL (mg/l)	TCLP mg/l	TOTAL	UOM	NOT APPLICABLE
D004	ARSENIC	5.0				
D005	BARIUM	100.0				
D006	CADMIUM	1.0				
D007	CHROMIUM	5.0				
D008	LEAD	5.0				
D009	MERCURY	0.2				
D010	SELENIUM	1.0				
D011	SILVER	5.0				
<b>VOLATILE COMPOUNDS</b>						
D018	BENZENE	0.5				
D019	CARBON TETRACHLORIDE	0.5				
D021	CHLOROBENZENE	100.0				
D022	CHLOROFORM	6.0				
D028	1,2-DICHLOROETHANE	0.5				
D029	1,1-DICHLOROETHYLENE	0.7				
D035	METHYL ETHYL KETONE	200.0				
D039	TETRACHLOROETHYLENE	0.7				
D040	TRICHLOROETHYLENE	0.5				
D043	VINYL CHLORIDE	0.2				
<b>SEMI-VOLATILE COMPOUNDS</b>						
D023	o-CRESOL	200.0				
D024	m-CRESOL	200.0				
D025	p-CRESOL	200.0				
D026	CRESOL (TOTAL)	200.0				
D027	1,4-DICHLOROBENZENE	7.5				
D030	2,4-DINITROTOLUENE	0.13				
D032	HEXACHLOROBENZENE	0.13				
D033	HEXACHLOROBUTADIENE	0.5				
D034	HEXACHLOROETHANE	3.0				
D036	NITROBENZENE	2.0				
D037	PENTACHLOROPHENOL	100.0				
D038	PYRIDINE	5.0				
D041	2,4,5-TRICHLOROPHENOL	400.0				
D042	2,4,6-TRICHLOROPHENOL	2.0				
<b>PESTICIDES AND HERBICIDES</b>						
D012	ENDRIN	0.02				
D013	LINDANE	0.4				
D014	METHOXYCHLOR	10.0				
D015	TOXAPHENE	0.5				
D016	2,4-D	10.0				
D017	2,4,5-TP (SILVEX)	1.0				
D020	CHLORDANE	0.03				
D031	HEPTACHLOR (AND ITS EPOXIDE)	0.008				

OTHER CONSTITUENTS	MAX	UOM	NOT APPLICABLE
BROMINE			
CHLORINE			
FLUORINE			
IODINE			
SULFUR			
POTASSIUM			
SODIUM			
AMMONIA			
CYANIDE AMENABLE			
CYANIDE REACTIVE			
CYANIDE TOTAL			
SULFIDE REACTIVE			

HOCs	PCBs
NONE	NONE
< 1000 PPM	< 50 PPM
>= 1000 PPM	>=50 PPM
	IF PCBs ARE PRESENT, IS THE WASTE REGULATED BY TSCA 40 CFR 761?
	YES
	NO

## ADDITIONAL HAZARDS

Does this waste have any undisclosed hazards or prior incidents associated with it, which could affect the way it should be handled?

YES

NO (If yes, explain)

## CHOOSE ALL THAT APPLY

DEA REGULATED SUBSTANCE

EXPLOSIVE

FUMING

OSHA REGULATED CARCINOGENS

POLYMERIZABLE

RADIOACTIVE

REACTIVE MATERIAL

NONE OF THE ABOVE

## Profile

(SOIL WITH  
PCB < 50 ppm)

Requested Facility: \_\_\_\_\_ ☐ Unsure Profile Number: \_\_\_\_\_  
☐ Check if there are multiple generator locations. Attach locations. ☐ COD ☐ Renewal? Original Profile Number: \_\_\_\_\_

**A. GENERATOR INFORMATION (MATERIAL ORIGIN)**

1. Generator Name: \_\_\_\_\_
2. Site Address: \_\_\_\_\_  
(City, State, ZIP) \_\_\_\_\_
3. County: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_
5. Email: \_\_\_\_\_
6. Phone: \_\_\_\_\_ 7. Fax: \_\_\_\_\_
8. Generator EPA ID: \_\_\_\_\_ ☐ N/A
9. State ID: \_\_\_\_\_ ☐ N/A

**C. MATERIAL INFORMATION**

1. Common Name: \_\_\_\_\_  
Describe Process Generating Material: ☐ See Attached
2. Material Composition and Contaminants: ☐ See Attached  

1.	
2.	
3.	
4.	
≥100%	
3. State Waste Codes: \_\_\_\_\_ ☐ N/A
4. Color: \_\_\_\_\_
5. Physical State at 70°F: ☐ Solid ☐ Liquid ☐ Other: \_\_\_\_\_
6. Free Liquid Range Percentage: \_\_\_\_\_ to \_\_\_\_\_ ☐ N/A (Solid)
7. pH: \_\_\_\_\_ to \_\_\_\_\_ ☐ N/A (Solid)
8. Strong Odor: ☐ Yes ☐ No Describe: \_\_\_\_\_
9. Flash Point: ☐ <140°F ☐ 140°–199°F ☐ ≥200° ☐ N/A (Solid)

**E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION**

1. Analytical attached ☐ Yes  
Please identify applicable samples and/or lab reports:
2. Other information attached (such as MSDS)? ☐ Yes

**G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)**

By signing this form, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided. Any analytical data attached was derived from a sample that is representative as defined in 40 CFR 261 – Appendix 1 or by using an equivalent method. All changes occurring in the character of the material (i.e., changes in the process or new analytical) will be identified by the Generator and be disclosed to Waste Management prior to providing the material to Waste Management.

If I am an agent signing on behalf of the Generator, I have confirmed with the Generator that information contained in this Profile is accurate and complete.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_

**B. BILLING INFORMATION**☐ SAME AS GENERATOR

1. Billing Name: \_\_\_\_\_
2. Billing Address: \_\_\_\_\_  
(City, State, ZIP) \_\_\_\_\_
3. Contact Name: \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Phone: \_\_\_\_\_ 6. Fax: \_\_\_\_\_
7. Hauled? ☐ Yes ☐ No
8. P.O. Number: \_\_\_\_\_

**D. REGULATORY INFORMATION**

1. EPA Hazardous Waste? ☐ Yes\* ☐ No  
Code: \_\_\_\_\_
2. State Hazardous Waste? ☐ Yes ☐ No  
Code: \_\_\_\_\_
3. Is this material non-hazardous due to Treatment, Delisting, or an Exclusion? ☐ Yes\* ☐ No
4. Contains Underlying Hazardous Constituents? ☐ Yes\* ☐ No
5. Contains benzene and subject to Benzene NESHAP? ☐ Yes\* ☐ No
6. Facility remediation subject to 40 CFR 63 GGGGG? ☐ Yes\* ☐ No
7. CERCLA or State-mandated clean-up? ☐ Yes\* ☐ No
8. NRC or State-regulated radioactive or NORM waste? ☐ Yes\* ☐ No
- \*If Yes, see Addendum (page 2) for additional questions and space.
9. Contains PCBs? → If Yes, answer a, b and c. ☒ Yes ☐ No  
a. Regulated by 40 CFR 761? ☐ Yes ☒ No  
b. Remediation under 40 CFR 761.61 (a)? ☐ Yes ☐ No  
c. Were PCB imported into the US? ☐ Yes ☒ No
10. Regulated and/or Untreated Medical/Infectious Waste? ☐ Yes ☐ No
11. Contains Asbestos? ☐ Yes ☐ No  
→ If Yes: ☐ Non-Friable ☐ Non-Friable – Regulated ☐ Friable

**F. SHIPPING AND DOT INFORMATION**

1. ☐ One-Time Event ☐ Repeat Event/Ongoing Business
2. Estimated Quantity/Unit of Measure: \_\_\_\_\_  
☐ Tons ☐ Yards ☐ Drums ☐ Gallons ☐ Other: \_\_\_\_\_
3. Container Type and Size: \_\_\_\_\_
4. USDOT Proper Shipping Name: \_\_\_\_\_ ☐ N/A

Certification Signature